DOCUMENT RESUME

ED 234 331 CG 016 925

AUTHOR Bullette, Barbara; And Others
TITLE Developing Rape Services in a Multi-Ethnic, Multi-Racial Community: Community Program against Sexual Assault (CPASA).
INSTITUTION Solomon Fuller Inst., Cambridge, Mass.
SPONS AGENCY Massachusetts State Dept. of Mental Health, Boston.
PUB DATE Oct 81
GRANT 10-H-000-687-2-0
NOTE 18p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Aggression; *Community Information Services; *Community Programs; *Ethnic Groups; *Minority Groups; *Outreach Programs; Racial Attitudes; Racial Bias; *Rape; Referral; Sexual Harassment; Victims of Crime

ABSTRACT

This booklet describes the development of a program in Boston designed to address the needs of minority rape victims. A history of the program is given which includes the community need for this service, community attitudes toward rape victims and racial minorities, staff training, and the development of the program as a consultation and community education service rather than as a provider of direct services to victims. Departments within the program are described, including: (1) staff training and orientation, which includes weekly seminars, cross-cultural counseling courses, and consultation with sexual assault experts; (2) research and evaluation efforts, which cover the agency, the assault victim and offender, and other community agencies that deal with rape; (3) an information and referral service for victims, which provides counseling referrals, a 24-hour telephone line, and resource materials; and (4) community education, which includes an informational packet, a resource library, and a resource manual for rape victims. The 15 current major goals of the program are listed, and obstacles facing the program, such as counselor burnout, racist attitudes, lack of male interest, and lack of true involvement by mental health and community service agencies are discussed. (WAS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED234331

DEVELOPING RAPE SERVICES IN A MULTI-ETHNIC, MULTI-RACIAL COMMUNITY

Community Program Against Sexual Assault
CPASA

Barbara Bullette
Ms. Pinero
Ms. Wilson
Lwix OverBea
Jacqueline L. McRath

Dr. Solomon Carter Fuller Mental Health Center
Consultation and Education Program
Roxbury, MA

October 1981

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Barbara Bullette

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG016925

DEVELOPING RAPE SERVICES IN A MULTI-ETHNIC, MULTI-RACIAL COMMUNITY

FORWORD

When Barbara E. Bullette became a staff member of Community Program Against Sexual Assault, called CPASA by people who know the agency, she had only a vague idea of what this project would mean to victims of sexual assaults in her community, a multi-racial, multi-ethnic entity within Boston, an area in which half the reported rapes in the city took place, an area where little was done about these attacks on its residents.

The challenge of CPASA fascinated her and her staff of two other women -- find out what can best be done to arrest the crime of rape, to expose its dangers to the public, and to encourage law enforcement and mental health officials to take effective action to help its victims recover from the trauma of this unwanted experience.

Working with a limited budget and ever-changing goals for five years, CPASA has forged a role for itself, becoming a model for similar programs that can help other urban communities.

CPASA assessed the needs of its catchment area, studied anti-rape activities in other cities, and chose to become a referral and educational entity. It chose not only to work with women, the most likely rape victims, but with the institutions and people assigned to help them in the periods of crisis and recovery.

"This is not an easy task," says Mrs. Bullette. Survival of CPASA and the CPASA idea would not have been possible without the help of many people and agencies. The CPASA message to those who wish to join in the campaign against one of America's most dangerous menaces, the crime of rape, is this: "break the silence, begin to talk about it".

COMMUNITY PROGRAM AGAINST SEXUAL ASSAULT



ACKNOWLEDGMENTS

With deepest appreciation, I would like to personally thank the CPASA staff, Marsha Wilson and Lilliane Piñero, for their ongoing commitment and hard work in the development of this program.

I would like to acknowledge the following agencies, groups and individuals for their support and participation in our efforts to provide rape education and victim services to this community.

To the original planning group who formulated the concept of CPASA, we thank you for the structural guidelines.

With special thanks to the Dr. Solomon Carter Fuller Mental Health Center, Inc., staff and Mr. William Gibson, the superintendent; with recognition to Natalie Ammarell and Jeanette Harrell for their administrative assistance; and also the Trustees of the City of Boston, Health and Hospitals, Inc., and the Trustees of the Dr. Solomon Carter Fuller Mental Health Center, Inc., and their staff.

The Consultation and Education Unit, Fredia Garcia, former director and Robert Thornell, present director; the Roxbury/North Dorchester and South End/Back Bay Teams, with special thanks to Marjorie Essex-Cole, Maura Byrne and Takako Salvi, Olivia Cousins...to Rosa Colón and Maria Ortega for their excellent secretarial assistance and ongoing input into the program.

Acknowledgement to the residents of the community-at-large, with respect to the support given from agencies and groups such as Casa Myrna Vasquez, Roxbury Court Clinic, WOMEN, Inc., Coalition for Women's Safety, Women Like Me, La Colectiva de Mujeres Latinas de Boston (Latina Women's Collective), Combahee River Collective, the coordinating committee of "The Latina Woman Faces the 80's (the first Latina women's conference in Boston), and also the members of the CPASA Advisory Council.

Special individuals are recognized as an integral part of CPASA -- Leslie Barber, Ruth Hall, Margo Rey, Shelia Levenseller (Boston City Hospital Victim Counseling Services), Eleanor Roffman and Helen Stewart; Nkenge Toure and Deidre Wright of the Washington, D.C. Rape Crisis Center; Sharon Sayles of the Minnesota Program for Victims of Sexual Assault, and the staff of the YWCA Sexual Assault Crisis Services of Hartford, CT.

With special appreciation to Mr. Luix Overbea and Ms. Jacqueline L. McRath for collecting and presenting this information to you.

Barbara E. Bullette
Boston, Massachusetts, U.S.A.
October, 1981

This program was funded by NIMH-PHS Grant of Massachusetts Department of Mental Health C & E #10-H-000-687-2-0.

Developing Rape Services in a Multi-Ethnic, Multi-Racial Community

Five years ago a group of concerned people of Boston conceived an idea, Community Program Against Sexual Assault (CPASA), to develop an innovative project to address the needs of rape victims, particularly those of minority ethnicity -- Afro-American, Latino, Cape Verdean, West Indian, and others. The goal of CPASA was set -- to establish a network of community agencies, to provide a victim counseling service, and also to raise awareness of rape in the community through public education. CPASA would be an umbrella unit of a local mental health center.

In October, 1977 CPASA came to fruition, not only as a community service, but also as a fulfilment of a specific requirement of Massachusetts Public Law 94-63. This law mandates that consultation and education (C & E) programs of mental health centers "promote the prevention and control of rape and proper treatment for victims of rape."

This program is now in its final year of operation under federal funding. It is felt that other helping agencies might benefit or gain important knowledge regarding the problems of rape and its ramifications if CPASA methodology were made available.

The four components of CPASA are:

- Staff training and orientation
- Community education
- Information and referral service for victims
- Research and evaluation

These efforts are operated on a tight budget, $57,801, provided by the federal government. They finance a staff of three professionals, Barbara Bullette, coordinator; Marsha Wilson, rape specialist; and Lilliane Piñero, community worker, and provisions for consultation and resource services. After salaries, services, and overhead, this spells $4,000 in working cash for creative ideas.

CPASA does not claim to be the ultimate "correct model" of an effective rape program -- if one does exist -- but it is a "unique model" in that it concentrates on helping the minority victim. Heretofore, traditional rape programs have been geared to the needs of white women through the women's movement. However, the reality of rape is that women of color and other cultures also are subject to the crime of rape and sexual assault. Theories applicable to the white woman do not always apply to these women. CPASA's job has been to study all aspects of rape generally and therefore become particularly knowledgeable about the best manner to help these victims.

Pertinent aspects of the program's functioning will be set out in this article in the hope that other programs can cull information relevant to

this population and to its specific situations.

The need for services provided by CPASA to rape victims was obvious when it was founded. The Dr. Solomon Carter Fuller Mental Health Center (CPASA's host sponsoring agency) financed by state funds, services a geographical area in which 50% of all rapes reported for the city of Boston in 1975 took place. Additionally, this catchment area is one of severe economic deprivation. Its residents are subject to various pressures -- low income, poor housing, high crime rates, and lack of adequate social services.

Rape is admittedly an explosive issue, especially for women. And, so little is known about how to reach its victims, about services being offered, about people involved in helping them restructure their lives after such a traumatic incident, and about those who committed the crime; therefore, services to these victims are highly fragmented, if available at all.

The U.S. Law Enforcement Association Administration (LEAA) concluded after a 15-month nationwide study that responses by police, prosecutors, and hospitals toward rape victims are "generally poorly coordinated and inadequate." It is also common knowledge that rape victims are subject to ridicule and various misconceptions held by their families and their friends.

These feelings make it apparent that prevalent attitudes toward victims and racial stereotypes can impede a rape program in any geographical locale. In the CPASA area, however, the high incidence of rape plus the racial and ethnic identity of its residents, tend to re-emphasize the lack of serious attention to the victims by institutions involved and lead to a diffused feeling and to less solidarity within the community in relation to rape. These issues also force the community to develop its own pool and network of resources in relation to this problem.

With such a hostile "blaming the victim" attitude toward rape victims in Afro-American and Latino neighborhoods, these women find it difficult to adjust from the traumatic experience and return to a certain level of normalcy. Racist attitudes often blame the non-white victim for the attack -- her manner of dress is inappropriate, she is sexually enticing. They ask, "was she a cooperative rape partner?" These stereotypes often prevail among the people who are supposed to help non-white rape victims. CPASA is concerned with these myths that persist in its service area.

In seeking to organize a program to deal with a previously ignored, but nagging problem in the community, CPASA took on a basic task -- to close this attitudinal gap, to provide support to rape victims via specific channels, to educate and consult with not only "hidden" victims, but also with those who come in contact with these victims.

The format of the host mental health center C & E unit would be to focus on an interdisciplinary and cross-cultural approach as the best possible link between the city and community agencies as part of a larger network. Services would be contracted out from the State Department of Mental Health to this agency.

On paper the CPASA idea appeared workable in 1977, but its orientation

to the real world of mental health was fraught with obstacles -- red tape, bureaucratic delays, administrative changes in the mental health center's hierarchy, and a six-month hold-up of funding. Additionally, the three member CPASA staff had to undergo a five-month training and orientation period.

Then began the arduous detailed work of initiating the CPASA mission. First, guidelines were set. Staff members were not to offer direct services to those involved in a rape crisis. Their format was to focus on a "circle of service" concept -- educate direct service providers on how to work with victims -- an idea developed by CPASA. They planned to visit all major clinics, health centers, neighborhood and multi-service centers, family service agencies -- that would be involved in rape prevention and treatment. Their first step was to assess the qualities of services provided and to identify educational needs of these providers.

Through this effort CPASA set a goal of laying a firm foundation which could subtly unveil the diverse needs of victims who sought help from these agencies. CPASA would assist community staffs and programs in the development of rape services. CPASA would provide no new rape programs, but would develop within the staff information appropriate in various languages and approaches consistent with victims served by these agencies.

Although staff members clearly defined CPASA's objectives during the early stages of development, they changed and modified them as they became more involved in clarifying the needs of community agencies, identifying gaps in services to victims, and becoming more visible in professional circles and the community-at-large.

More staff community education activities were required to keep the community knowledgeable on rape issues of safety in the home and on the street, to encourage effective self action on the part of individuals and the community, with special attention to children, to the elderly, and to the retarded. CPASA saw the need to develop an understanding of what to do and where to turn when rape takes place. CPASA had to seek the greater utilization of existing services, to dispel the myths, taboos, and shame which prevents people from discussing rape and seeking proper treatment, both medical and emotional.

Through professionally oriented objectives, CPASA had to examine procedures and attitudes of care givers (police, courts, hospitals, for example), encourage community agencies and groups to become more effective in dealing with rape, seek closer coordination and relationships among service agencies to facilitate referrals, aftercare, and closing of service gaps, to seek the development of new services needed for a comprehensive and adequate response to rape crises. All should work to see that victims receive adequate services along with efforts geared toward prevention.

By interfacing with these various groups and agencies CPASA began to achieve preliminary objectives. Before CPASA could effectively implement any change in attitude or increase the general knowledge level of community residents and agency personnel, CPASA had to devise a systematic method to accurately reflect the current perspective on the issues around rape. Through these efforts, CPASA began to lay a foundation which could become a

springboard for staff personnel.

In conducting these projects, CPASA discovered that the area hospitals had no Hispanic nurses on their staffs, and no one within the service component could speak Spanish. CPASA then advocated the utilization of other staff members who could speak Spanish, and the importance of employing Latino nurses for that population in those hospitals. It then became an important goal for CPASA to promote the recruitment, training, and hiring of those nurses to insure that Spanish-speaking victims receive meaningful services.

Another ambitious goal was set -- the establishment of a 24-hour information referral telephone line, a goal implemented in 1980. These early efforts laid the foundation for CPASA's future outlook. Staff members early recognized:

- Staff training had to be broadened to include more than local knowledge and concerns, but to become more oriented to national information and programs.
- Community education had to be expanded. CPASA developed materials of medical and legal resources, and how victims could utilize them, spoke and got others to speak, and held its first catchment area conference, "Taking a Stand Against Sexual Assault," utilizing several contacts previously made.

During its second year, CPASA dealt with a major community emergency, a series of slayings of black women in the catchment area. Major efforts were funneled toward security and street safety via work with the police and involvement in safe house, green light programs, and other activities. CPASA started networking activities, and developed multi-language leaflets, each activity designed to keep the issue alive. Most important, this process crossed racial, ethnic, and neighborhood lines to reach concerned people on the issue of women's safety throughout the city.

Work began in year two and carried over into year three to complete a legal and medical package which was eventually utilized as a community education tool. Staff devoted an enormous amount of time researching the hospital, police, and legal systems before putting the package together. Ongoing working relationships resulted from these efforts.

Another focus for year three centered on the Latino victims and the lack of services to them and reasons behind this shortage. Issues such as the social, cultural, and economic factors and how the Latino community deals with rape helped to bridge this gap. The staff also attended workshops on the experience of newly arrived Latinos to this country.

Conference participation remained an ongoing part of staff training. CPASA participated in conferences on violence against women, domestic violence, and culture/mental health of women of color.

In addition CPASA continued its advocacy of the hiring of Latino nurses at Boston City Hospital. As reports of rapes of Latino women increased, CPASA emphasized special efforts to distribute and develop materials and acquire films for the Spanish-speaking population.

And problems of rape affecting other ethnic groups began to surface, among people of Haitian and Cape Verdean descent. CPASA is now an advocate for more education about rape that includes all ethnic groups.

Within another year, new materials, films, and information cards to teach the public about myths and stereotyped attitudes were disseminated to Spanish and English speaking people. Flyers were developed in Haitian and Cape Verdean dialects.

CPASA also designed a basic self-defense course for women. The agency offered workshops for Latino providers and the community-at-large. These efforts promoted an understanding of the problem as it affected the Latino community.

These efforts prepared CPASA for departmentalizing its programs:

STAFF TRAINING AND ORIENTATION

First, CPASA initiated its staff training and orientation area by hiring consultants to do a literature review of issues related to rape and people of color and other cultures -- one for blacks and one for Latinos. These materials later became the core of a new resource library established by CPASA; a facility utilized by community residents, agency personnel, and all interested individuals for research into the unknown world of rape.

Next, staff members attended four weekly seminars relating to violence experienced by women. They reviewed and critiqued films that focused on the victims and offenders, on various approaches to sexual assault. They attended a skills building and cross-cultural counseling course to better understand clinical methodology as well as new information on cross-cultural differences, knowledge so essential to the delivery of services to a varied ethnic population.

To also keep abreast of any changes within the field, CPASA instituted staff training as an ongoing part of its operation. During the initial period of its operation, training was originally conducted by a part-time consultant who had gained expertise in the field by her work in sexual assault with the police department. She had also written her dissertation on sexual assault and was currently employed in the Children's Services Department at the host mental health center.

Her specialized knowledge was a necessary requirement if the staff were to become educated about the rape issue. Even though the newly hired staff was selected from a field of 80 candidates and came with basic knowledge and skills centered around the community, legal and medical systems, they still needed a thorough grounding of accurate and intimate information on how these systems responded to rape in general, and to Third World women victims, in particular.

Other staff training included symposiums on the medical aspects of sexual assault of children and adults offered at local medical schools. Staff also attended skills building and cross-cultural courses to provide a clinical tool regarding cultural differences and the needs of different

populations.

The staff received a great deal of support and encouragement, as well as guidance and consultation, from the National Center for the Prevention and Control of Rape in Washington, D.C. Also offering guidance and consultation was the Rape Crisis Center in Washington and the Sexual Assault Crisis Center in Hartford, CT which staff members visited. Additionally, ongoing inservice training was received through the Consultation and Education Unit of the host mental health center.

In addition to attending other relevant seminars and conferences, CPASA staff enrolled in classes on cross-cultural counseling to broaden its knowledge base around the varied populations it served. Staff training has thus broadened the experience of employees far beyond what any had expected. Special training at conferences on women, racism and the law, and the National Association of Black Social Workers, as well as lectures covering such topics as father-daughter incest, human sexuality, and child sexual abuse, has provided them with additional insight into the areas of sexual assault.

The above training and orientation provided CPASA staff with a solid knowledge base and a clearer perspective of obstacles and attitudes the client population faced. It was further necessary, however, to take a more intimate look at the client population, the providers of services to these victims, and all others involved in helping the sexually assaulted victim. Through the research evaluation component of CPASA an additional data base developed.

RESEARCH AND EVALUATION

Research and evaluation were primarily agency centered during the first year of CPASA. Its largest endeavor was the compilation of a community agency needs assessment -- accurate information on the size of the victim group coming for treatment or reporting incidents of rape. The survey indicated that community agencies were involved in working with rape victims on a minimum level.

CPASA also devised a tracking system to record the number of agencies (150), contacted victims, identified community group/facilities working on rape programs at the beginning and at the end of the year, and the number of programs spun off from groups originally dealing with rape victims and incidents. This system also identified staff to be trained as part of consultant services to be dealt with informally.

Because rape incidents were so high in the catchment area in the past, CPASA found it necessary to continually monitor the frequency of occurrence during its first year, as well as the use of the information center by the community agencies and residents.

Last, the most difficult task of all was that of recording change in the relationships of participating groups. CPASA utilized the interaction of its Advisory Council -- its eyes and ears of the community -- to complete this task. Changes were measured by the increase of knowledge concerning the issue of rape and its ramifications and the increase of requests for services. Evaluation also required a continuing periodic assessment of the overall progress of the program's functioning.

During the second year, CPASA developed an information line and a follow-up procedure of counselor and advocate services to encourage the sharing of experience and the learning of more effective techniques for working with victims, courts, police and other service providers. One staff member visited Puerto Rico to obtain information on the rights of rape victims in that country and to get a clearer understanding of the emotional response of rape victims within their cultural milieu.

Research was focused on the victim and the offender. CPASA devised a questionnaire seeking to identify victim characteristics, site of the assault, agencies utilized by the victim, which victims reported, under what circumstances they reported, and the agencies to which the rape was reported. Another key project was a questionnaire to community residents to get an understanding of their attitudes toward experience with sexual assault.

Attention also was focused on women who did not report incidents of rape and patterns among those victims. To record this information the agency compiled a community survey which was sent to a broad random sampling of people of different ages, sex, racial, occupational, and cultural backgrounds.

The agency developed an information packet which included an in-depth study of the offender variable.

CPASA also became involved within the public school system during its second year. Through a separate questionnaire, CPASA learned that teenagers had their own information about rape compared to adults, and had some different as well as overlapping perceptions of the crime of rape.

Key research for its first year came from an evaluation of a conference, "Taking a Stand Against Sexual Assault," CPASA's biggest effort of year two. CPASA continued its monitoring of rape incidences in the catchment area.

INFORMATION AND REFERRAL SERVICE FOR VICTIMS

A crucial aspect of the program is the victim counseling service, which became more fully developed as CPASA came in contact with various agencies servicing rape victims. During its first year the agency developed a *"Circle of Service"* concept whereby staff people visited all major groups in the community involved with rape victims -- police, court clinics, health centers, hospitals -- so they could accurately identify the needs of clients. By utilizing this methodology they were able to help develop staff and programs with a built-in sensitivity for the people they served.

CPASA developed a victim service component, leading to the establishment of close relationships with one local hospital.

Another victim service was the negotiation of a 24-hour information and referral telephone line with a local shelter to serve the community. A manual of area resources and programs available to rape victims was developed to use with this telephone line, which was later made available to the community-at-large.

Later CPASA felt the need for its own staff members to learn more in-depth information about the total aspects of rape. It contracted with the Criminal Victimology Consultants, Inc. to provide an intensive course on all aspects of sexual assault -- theory, rape crisis syndrome, crisis intervention, counseling techniques, child/adult victimology, profile of offender, motivation, and treatment and medical aspects. Recognizing, however, that helping victims is more than textbook theory, each CPASA staff member is committed to personally counseling victims, dealing with not more than two victims at any period of time.

The next step was to develop a dialogue among community agencies -- discussing their staff/program needs as a means of improving existing services, bridging the gaps between agencies and the victim population, and addressing the multi-ethnic, lingual catchment area problems. CPASA conducted seminars at which it trained agency personnel on how to function as community workers who would speak on sexual assault and recruit others to help. CPASA also provided resource materials.

The *Circle of Service* which was to be evaluated quarterly was changed to a network of victim counselors. In addition CPASA attempted to collect statistics on rape from three area hospitals, Boston City Hospital, Beth Israel Hospital and Brigham and Women's Hospital, formerly Peter Bent Brigham Hospital.

CPASA was disturbed because area hospitals still had no Latino nurses on their staffs, and no one within the service component could speak Spanish. CPASA then again advocated the utilization of other staff members who spoke Spanish and the importance of hiring Latino nurses to work with that victim population.

All of CPASA's work or the efforts of any agency are in vain if there is no process of informing the community.

COMMUNITY EDUCATION

Community education has taken on varied forms and directions. CPASA staff members have promoted the agency's efforts by appearances on television and radio shows, by conducting workshops in the community ranging from "Taking a Stand Against Sexual Assault" to a special youth education program. CPASA has conducted programs at Roxbury Community College, the Roxbury Court Clinic, Lesley College, and other institutions.

The rape packet has developed into a three-element series, "What is Rape?", "Typology of the Rapist and Counseling Techniques", and "Prevention and Community Action", for teaching purposes and hopefully will be marketed in the community. Staff members have served as consultants to many groups locally and nationally, as well as in the community.

Probably CPASA's greatest achievement was the sponsoring of a Latin women's conference, "La Mujer Latina Se Enfronta a los 80's" (The Latina Woman Faces the 80's), a first of its kind, 17 workshops conducted in Spanish, in 1979.

Currently CPASA is working on new goals, creating a resource manual for rape victims and a paper entitled, "Developing Rape Services in a Multi-Racial, Multi-Ethnic Community."

The resource library has been expanded to include 100 books, binders of articles on rape, 15 journals and magazines, five local newspapers in English and Spanish, a collection of tapes, and a new original CPASA slide presentation.

Today, CPASA is searching for the vehicle that will offer the most help, the most resources, the most comfort to rape victims.

CPASA is in its fifth year with headquarters in Roxbury, the heart of the Black and Latino community, one block from police headquarters. CPASA is affiliated with the Consultation and Education (C & E) unit of the Dr. Solomon Carter Fuller Mental Health Center, an agency that specializes in dealing with mental health problems of the community.

"We offer no magic formulas that will make the crime of rape disappear," says Barbara Bullette, coordinator of CPASA. "We emphasize our basic four programs that we feel will offer the most effective protective umbrella to victims, primarily women and children, who want to feel safe, not only in the street, but in their homes."

CPASA has devised a 15-point goal-oriented program in order to provide service for victims. These objectives are:

- Build networks that include health care agencies, schools, social service providers, courts, and others that help victims.
- Assure staff participation in workshops and seminars.
- Understand issues in relation to the sexual offender.
- Collaborate with Domestic Violence Projects.
- Support victim counseling services.
- Develop videotape materials.
- Promote educational programs within schools.
- Create educational programs in the Hispanic community.
- Plan and implement national and regional conferences.
- Develop communication, training and services for men on the issue of rape.
- Be involved in the collection and analysis of data on offenders.
- Continue an advisory council for CPASA.
- Increase the use and creation of visual aids.
- Offer a continuing community education effort.
- Develop contractual relationships with agencies and private institutions for educational services.

In addition to this major effort, CPASA has more goals:

- Focus on new techniques to provide community education and an educational program for high schools.

- Build strong and viable networks. "There is too much silence and misinformation on rape," says Mrs. Bullette. "Fear, families in pain, and lack of knowledge combined with the reporting of more and more rapes make it imperative that we act now to give the public a better understanding of what to do and where to go in case of rape."

And within the parameters of CPASA's role as a referral agency rather than a direct service provider, CPASA discovers that even after five years it has not accomplished its aspirations in several aspects. These include education outreach and program stability, which includes funding documentation of its activities, the refining of fee collections, the training of young people as well as adults in personal safety against violence, and better working relations with established institutions.

During its fifth year CPASA is focusing on new community education techniques and how to continue to build stronger and more viable networks to continue a trend that has resulted in an increase in the reporting of rapes.

To carry out its lofty goals in the long run CPASA or any similar organization also must resolve such seemingly simple issues as a working definition of rape, permanent status as a program within its sponsoring agency, alternative funding in relation to future needs.

A rape experience, simply defined, is unwanted sexual activity -- whether intercourse, oral or anal sex, verbal abuse (such as crank telephone calls), as CPASA sees it. Response by the victim is usually similar -- the fear and anger of humiliation, embarrassment.

"All victims have similar responses even though they may or may not have the same rape situation," says CPASA.

There may be feelings of guilt because of the question, "did they somehow participate?" Or a child submitted because of adult pressure and accepted a "reward" or "pay". Or a teenager suffered from peer pressure because, "I did not want to lose him or his love. I did not want to be seen as different or be singled out."

CPASA does not primarily focus on the politics or the economics of rape. As CPASA sees it, rape is unwanted sexual activity on a continuum from sexual harassment to the act of genital contact. "Rape is a misuse of people, sexually," says CPASA. "Everybody is vulnerable."

And Barbara Bullette and her staff add another dimension, racism, and how it impacts on the handling of cases of both the victims and the offenders.

Dealing with rape victims on a one-to-one counseling basis is not advisable for a CPASA type agency. "Counselors suffer from frustration in assisting victims because of the existing social systems -- a feeling of hopelessness

because nothing will change; a lack of commitment from service providers," says Mrs. Bullette. Hospitals in the CPASA catchment area still do not see the hiring of Spanish speaking nurses as a priority for helping Latino rape victims. Counselors feel this attitude, knowing that if you refer victims to some resources, it will be a waste of time because they will get no help.

"In the long run things will get better, but progress is so slow that I am not likely to be around when it takes place," says the typical counselor.

As CPASA sees it, counselor burnout is definitely a problem. "For myself I did not realize that the situation was so frustrating for counselors," says Barbara Bullette, CPASA coordinator.

To get a better understanding of what counselors have to do she and her two key staff members committed themselves to serve as counselors and/or advocates for not more than two rape victims at any one time.

"Personal fears began to surface within me as I began to deal with just one or two victims," she said. "The victims seem to know that nobody is behind you as a counselor. They know few agencies or people are committed to helping. It seems that everybody knows the victims' problems, but no one is seriously concerned."

As CPASA sees it, a remedy for better counseling could possibly be that service providers or counselors utilize one of three roles -- crisis intervention, offering short-term support; a resource/referral specialist, or an advocate, assisting victims through the bureaucratic maze to get better service. The agency warns that as an advocate, however, counselors become very much involved and suffer very high rates of burnout.

It is very difficult to provide counselor training, says Mrs. Bullette. CPASA has taken this route, actually setting up a program, enrolling counselors from various agencies, and scheduling study, but has discovered that fewer than 40 percent of the people who start a course ever finish.

CPASA recommends that the public will have to become stirred up to get needed action. And the support must be visible if victims are to be helped.

This experience in counseling has led CPASA to a basic conclusion:

CPASA can be most effective as a referral agency, as a resource networking operation, as a conduit for better services to victims. And CPASA with its unique role as more than a mere "women's operation" can influence men to become involved in the war on rape.

Lack of male interest, racist attitudes within the rape crisis movement, and lack of true involvement by most mental health and community service agencies make the work difficult for an agency like CPASA. Currently it is virtually impossible to guarantee a victim that she can get the proper help needed because even CPASA has no idea of how an individual person or agency will treat a rape victim.

Although many observers would like to see CPASA become a watchdog agency, staff members do not consider this its most valuable role. They see CPASA as a flexible coordinator and outreach agency, offering help in various shapes and forms -- consultation, education, training, advocacy, outreach.

At the same time CPASA and similar agencies can check out the obstacles to doing a good job for victims:

- Agencies that service victims are unwilling to allow personnel time to train unless it is after working hours.
- Some people assigned to work with victims have unresolved situations of their own, making them unsuitable for providing the best help for these women.
- Clinical supervision of work with rape victims is not always available.
- Traditional agencies responsible for helping victims -- from hospitals to mental health centers -- are often too busy in other activities and too insensitive to give victims the individual attention and help needed.

Although other cities such as Hartford and Washington, D.C. do have rape crisis centers -- (the oldest, established for over 10 years is in Washington, D.C.), and white communities have established such centers -- CPASA does not see this role for itself. Its primary role is advocacy and education, since local educational institutions from pre-school and day care to high schools and colleges offer very little meaningful information to prepare people even for the possibility of rape.

Staff members suggest that the male attitude toward women in general must be modified. Mrs. Bullette quoted a high school student, "I wish boys would look at us as people, not as meat on a rack." She is happy to see organizations like EMERGE formed to provide counseling for men and educate them to subdue aggressive/abusive behavior toward women.

In Boston's multi-racial multi-ethnic setting of Roxbury, CPASA has discovered that many rape victims are stuck in situations that force them into options that do nothing to increase their recovery from a personal crisis. These include "realistic" but often unsupportive priorities -- going to work, for example. They cannot afford to take "proper" actions such as moving from their present home, because of lack of money or inability of relatives to house them. Also, for a mother who blames a teenage victim for the incident, conflict in the home becomes a way of life.

There needs to be a greater sensitivity to the needs of the Fuller catchment population among the institutions, the police, the hospitals. Even general rape guidelines are not designed for the non-white ethnic woman.

CPASA feels that after five years as a pioneer agency in this area it has proven its need. It recommends that the Dr. Solomon Carter Fuller Mental Health Center will integrate a CPASA type service into its budget, making it a permanent department. Such an agency can awaken the community to the danger of not protecting its residents (women, children and men) from rape through outreach, education, and information, in accordance with Massachusetts law -- a law that has not been enforced so far.

Rape is no longer limited to a crime taking place in a dark area with a woman the victim of a sexual deviate assaulting her in the middle of the night, says Mrs. Bullette. Rape is part of sexual harassment, child sexual abuse, incest, pornography, and prostitution.

"CPASA is the only agency of its kind, an agency that is needed in other communities," says Mrs. Bullette. "To survive CPASA needs funds, not only from federal or state largesse, but from public support, from fees for public appearances such as lectures, seminars, workshops, and as consultants. CPASA offers a service that will be needed for many more years."

CPASA — Community Programs Against Sexual Assault
100 Warren Street
Roxbury, Massachusetts
(617) 442-9803

A FIVE YEAR REPORT:

DEVELOPING RAPE SERVICES IN A MULTI-ETHNIC, MULTI-RACIAL COMMUNITY

COMMUNITY PROGRAM AGAINST SEXUAL ASSAULT

DR. SOLOMON CARTER FULLER MENTAL HEALTH CENTER

CONSULTATION AND EDUCATION PROGRAM